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## **Using Work Based Learning and Accreditation to recognise Continuous Professional Development**

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Increasingly professional bodies require their members to maintain their skills and competences by undertaking Continuous Professional Development (CPD) during their career. This is particularly so amongst healthcare professionals, but may also be found in other professions such as management, engineering and education to name but a few. This paper will consider CPD within the healthcare field and extract some key principles that can be applicable to other professions. The notion of accrediting learning from experiential learning will be explored in relation to several case studies which demonstrate the applicability and flexibility of accreditation as used by Middlesex University's Institute of Work Based Learning.

Organisational and professional learning and development through CPD and lifelong learning have been considered as strategic allies in the business world as they are thought to contribute to increased quality and performance, organisational survival and responsiveness to change and market growth (Browell 2000). CPD in the health service is viewed as a core pillar in improving and modernising services, by supporting changes in healthcare which involve placing the patient at the centre of care provision, and incorporating new skills and knowledge from those that deliver care (DoH 2003). The Department of Health (1999:3) defines CPD as *'a process of lifelong learning for all individuals and teams which meets the needs of patients and delivers the health outcomes and healthcare priorities of the NHS, and which enables professionals to expand and fulfil their potential'*, thus indicating that both the individual and the organisation are involved in the CPD process. For the individual it involves updating professional knowledge and skills, self management, autonomous learning and openness to learning opportunities that occur during every day work situations. For the organisation, alignment with service needs and organisational objectives are expected when commissioning training and development for all staff, not just for those with a professional qualification (DoH 1999).

Within the NHS CPD is expected to be managed locally but be responsive to the national agenda and local constraints in services so that a sound, accountable approach is engendered, which contributes towards building a work environment which supports lifelong learning and enables excellence in clinical care (DoH 2004). Today, after a decade of NHS modernization, the national climate is changing, with increased funding constraints within the public sector, although the need for the service to identify training needs in order to implement new technologies and practices remains, and is likely to escalate in the future. Other professions and corporate organisations also recognise the need to continuously develop staff in order that the workforce can meet future challenges and opportunities. The move towards providing professional development which carries academic accreditation (as opposed to accreditation by a professional body), not only

ensures a quality product, but also provides lifelong learning opportunities and enables staff and organizations to gain a competitive edge (Luby 1999), although the form that CPD takes may vary, depending on the educational tradition of the subject discipline.

The concept of CPD appears to be closely aligned to that of lifelong learning. The term workforce development is also used and these terms are often used interchangeably within the literature. This may reflect modern career patterns as practitioners experience a variety of careers within a working lifespan which emerge from changed roles within professions. For example, a health care professional may qualify in a specific healthcare field and maintain professional competences for a number of years before moving into either management or teaching (Eraut 1994), but then have to gain new professional competences in order to practice both their chosen profession and as a manager or teacher. This type of professional development extends vocational skills, stretches intellectual capability and deepens professional knowledge in order to practice credibly, as well as enhancing personal career fulfillment. A broader knowledge of practice emerges as well as other social and economic benefits such as flexibility in employment and the stimulation of personal development (Shaw & Green 1999). Professional competences may be developed in some organisations in order to clarify role expectations and can be used as frameworks in which to situate and accredit CPD courses, (Garnett 2001, Costley 2001). Exemplars of CPD competency frameworks without academic accreditation are Auril (2006) which describes a framework for Knowledge Transfer Practitioners, and the Scottish Executive (2003) which outlines a CPD framework for Educational Leadership.

A key principle of CPD is the attraction, motivation and retention of high calibre staff at all levels of a profession, including managers and non professionals, to provide a service that focuses on the organisation's business or activity. There is inevitably a tension between organisational needs and that of the individual undertaking the CPD with their learning needs and aspirations, and a participative partnership approach needs to be encouraged to ensure maximum benefits for all concerned (DoH 1999).

The DoH (1999) identified other principles of CPD as:

- Purposeful and patient centred
- Participative, involving all stakeholders, educationally effective and focused on educational need
- Part of organizational development strategy and in line with national and local service objectives
- Focused on development needs of teams, across traditional multi-professional and service boundaries
- Building on previous knowledge, skills and experience
- Enhancing skills of interpretation and application of evidence based knowledge

Whilst these have a health care focus, if applied to any other profession the importance of putting the business of the organisation at the fore and making individuals accountable for their practice and their professional development is paramount for an effective CPD approach. Not all professionals work in multi-disciplinary environments, or within

professional boundaries, but working within and across teams and with a variety of individuals outside the usual sphere of practice is professional development in itself, which can be captured by the use of reflective learning techniques in order to inform practice. Learning through reflection is identified by Schön (1987) as an essential professional attribute, and one which he identifies as 'learning-in-action' or 'learning-from-action' where critical reflection upon practice, either during or after the event, creates new insights, solves problems and enhances future learning and professional practice. Building on previous learning from experience or through training programmes is also recognized as an important contribution to CPD as these activities lend themselves to accreditation and recognition as valuable learning. These themes, together with developing skills of critical appraisal of information, can contribute to effective work based learning, which, as a mode of learning, is recognised as having real and positive benefits for individuals and their organisations (Costley 2001). Work based learning is the form that most CPD takes in the UK (King 2007), albeit along a spectrum of different modes of delivery and activity.

#### *Case study*

*A group of Health Care Professionals (HCPs) involved in modernising the NHS, particularly in relation to improving waiting times and the patient experience, were recruited onto a commissioned Work Based Learning Masters Programme. They had received in-house training by the then NHS Modernisation Agency to provide them with skills and techniques of introducing changes into practice. As individuals they had applied and honed this training through initiating changes in NHS Trusts across the country. Using reflective learning skills their learning was identified and evidenced, and individually accredited through APEL (Accreditation of Prior Experiential Learning) as part of the work based learning programme, with the added bonus of increased self-confidence and awareness of their own performance. The next step in the programme gave them skills and knowledge of critical inquiry and research which were applied within a work based learning project, which reflected the needs and modernisation objectives of their individual organizations. Projects included reducing waiting times for operations, speeding up referrals from GP to Consultant, and scoping the potential for new nurse led services. This example demonstrates the possibilities that in-house training offers, in that those selected from the MA programme gained recognition and accreditation for their individual learning from locally delivered training, using it towards an academic qualification that consolidated and enhanced their critical appraisal and reflective learning skills.*

For implementation of effective CPD, mechanisms such as individual Personal Development Plans (PDP's) and appraisal systems need to be in place, to provide records of identified learning needs and objectives and the strategies used to address them. It has been found that organisations are particularly weak at tracking costs and uptake of actual training and staff development, and that structured monitoring and evaluation of impact and effectiveness of CPD within the workplace have not been regularly addressed (Jones and Robinson 1997, King 2007). As CPD can include both internal and external activities the investment of resources in individuals and training requires a form of accountability and consistency of approach, particularly in terms of allocating organisational investment

of time out and temporary cover whilst training and access to sources of funding streams. Current workforce development has moved the emphasis of CPD from external training provision to various forms of work based learning (Connor 2007, King 2007).

A study of post qualifying learning and CPD in the allied health professions (DoH 2004) identified that a post qualifying learning and CPD framework was needed with a common language and approach, setting clear standards and processes for professionals in the workplace. A credit framework to make learning portable across health and social care sectors, and consistent records to track individual development within the organisation is also needed. The report acknowledges that continuing learning is a necessary cost of being a professional and that CPD should be considered as being an investment in an individual's career and an organisation (DoH 2004). However within a national health care system, due to the mobility of the workforce and the tendency to relocate across the country for work, investment in one location may ultimately be rewarded by impacts on practice in another. In other organisational sectors this altruistic factor may be less obvious, and therefore the CPD investment in employees that an organisation may make, is usually focused on local rather than national needs.

The use of work based learning as a core component of CPD means that it can be thought of in terms of outcomes rather than inputs. It recognises that the workplace offers opportunities for developing and accrediting knowledge (Shaw & Green 1999) and that there are intrinsic opportunities for relevant learning to occur. It is, however, often overlooked as a rich source of learning as many Higher Education Institutions (HEIs) do not consider that such learning is significant and equitable to that acquired through the more traditional academic route. However, CPD can take many forms, for example;

- External education and training courses delivered by HEIs or private training companies, which may be bespoke to an organisation or 'off the shelf'.
- In-house training
- On the job training such as mentoring, coaching, supervision,
- Individual development through work shadowing, apprenticeships, skills training
- Acquisition of specific competences required for an expected level of performance

The Council for Industry and Higher Education (CIHE) suggests that organisations and businesses are more focused on providing on-the-job, informal training to meet short term employee needs, rather than using higher education courses, which may be costly and require staff cover for absence. Employers prefer flexible and responsive learning opportunities in bite size chunks, preferably work based, rather than traditional academic programmes provided by HEI's (King 2007).

Recruitment and retention of good staff is facilitated if staff development is included in an employment package, particularly if financial incentives are limited due to the nature of the work, as, for example, in teaching or health care, where bonus schemes are unusual. Career development should be considered as being more of a marathon rather than a sprint (Owen 2004) and opportunities for on-going development at both top and bottom of an organization need to be considered. Where there are skills training deficits amongst the lower grades of staff, the opportunities to get initial training qualifications

encourages new recruits who should be facilitated in their development through a formal structured process. Workers recruited to higher levels such as management, also need to be developed to prevent the problem of promotion beyond levels of real capability that can so often overshadow promotions, thus illustrating that on-going development must be available to cater for the changing needs of the workforce at all levels (Owen 2004). This can often be addressed in-house, but sometimes needs a specific initiative to develop staff throughout an organization, as illustrated in the following case study.

#### *Case study*

*A staff development programme for newly qualified mental health nurses was commissioned, providing specialist learning alongside placement rotations to enhance recruitment and retention to a London Mental Health NHS Trust with clinical areas that were hard to staff. Successful recruitment to the programme highlighted a concurrent problem involving senior managers in the Trust and demonstrated that staff development was essential at both ends of the service. A group of experienced mental health care managers were identified and started a work based learning programme which would allow them to gain a degree or postgraduate award. The cohort had several distinguishing features: they were highly experienced and appreciated, often being used for innovative projects within the NHS Trust, such as shutting down old institutions and commissioning new community mental health services. They were working at a high level of decision making, but were stuck in their professional careers as they had not been able to take advantage of formal academic programmes to raise their qualifications to bring them on a par with new recruits, because they were too essential in maintaining and implementing services and supporting others. The result was that they lacked confidence in their own academic abilities and could not gain promotion outside the NHS Trust because they had no formal recognition of their achievements. Using the WBL framework commencing with APEL, their experience and achievements were evidenced and accredited at either graduate or postgraduate level. Their programme culminated in a work based project that was based on their current work, and enabled them to apply critical thinking and research skills to their daily practice (Workman, Beadsmoore & Rounce 2002).*

*Both of these groups benefited from their programmes, but not necessarily in the way the NHS Trust intended. The rotation programme was very effective at recruiting and retaining staff, going from few applications per place in the first year to over forty applicants after three years, thus addressing the staffing problem. The newly qualified practitioners were rapidly promoted, some before finishing the programme. The experienced managers were slower in fulfilling their potential but most gradually completed the programme, during which they managed to gain new posts both in and outside the NHS Trust due to their heightened awareness and evidence of their achievements. This case is also illustrates the impact of staff development in one NHS Trust, which can have major benefits to others around the country.*

The DfES estimates that employers spend up to 15 billion pounds per annum for all their training and development, although HE only sees about 350 million pounds of this, thus demonstrating large financial incentives for providing CPD. Whilst much of this funding

is for training and development below or at entry level to HE, there are still considerable possibilities for HE to expand, partly into Foundation degrees, but there are also opportunities at graduate or post graduate levels. The Leitch agenda to raise the level of qualifications for the UK workforce to NQF level 4 or above also indicates that CPD activities will be keenly sought over the next few years (DfES 2006), although issues regarding the funding of education and training are evident. Learning at, through and for work can contribute significantly to the human and intellectual capital of organisations and individuals (Garnett 2001), and if it is to be effective, must be equal to or greater than the pace of change within an organisation (Browell 2000) thus raising challenges to an education provider. Using a framework of work based learning and individual and organizational accreditation at all levels from Certificate to Doctorate as provided by Middlesex University, provides the flexibility, bite sized chunks and transferability required by organisations. It provides a framework for individuals to meet their employers' requirements as well as their own development needs and aspirations, and allows the organisation to view the CPD requirements of it's workforce within a wider context.

#### *Case study*

*A London Borough was required to introduce Common Core standards for all professional and non professional staff across the children's services, ranging across disciplines from health, schools, pre-schools and social services. This training is essential to the Borough in order to achieve its goals and meet its responsibilities, but the number and range of employees involved requires a large investment in training. The manager of the Children's Workforce worked with Middlesex University's Accreditation unit to design programmes that met both non-professional and post qualifying professionals learning and development needs. Two programmes were devised and accredited; one at undergraduate level 1, the other at graduate level 3, providing academic credits to accompany the compulsory training. These could be used towards either a foundation degree in early years in collaboration with a local FE college, or within HE graduate and postgraduate professional programmes. This maximises the investment into the workforce, as to be awarded accreditation, individuals must undertake an academic assessment that integrates new learning into their daily practice. This demonstrates to the programme commissioner that training has been effective, is impacting real practice issues, and allows tracking and monitoring of outcomes.*

#### *Conclusion*

The process of CPD contributes to the career advancement of professionals and non-professionals and can be used as an integral part of career planning and personal development strategies. It provides a route to offset a decline in skills and knowledge through engaging in training and education that extends personal and professional capabilities. The health sector has been particularly active in developing CPD frameworks and approaches, catering as it does for a variety of professional disciplines and non professionals who are increasingly working across traditional boundaries and extending roles to deliver patient care. Both individuals and organisations have a responsibility to ensure that learning acquired for work meets organisational and personal development needs and responds to new areas of growth and development required for

practice. Factors such as work based learning and accreditation can make significant positive contributions to CPD and should be considered when developing programmes and competences.

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